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U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY
PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

The MEPS-10(S), Plan Information Questionnaire, is to be completed for the health insurance plans offered AT THIS LOCATION in 2000. Please respond for the plans indicated in the question 1a box of each MEPS-10(S). If no plan names are preprinted, complete a separate MEPS-10(S) for the 4 largest plans your organization offered. You may use photocopies of this MEPS-10(S) form if sufficient copies were not included in this reporting package.

GENERAL PLAN INFORMATION

FOR CENSUS USE ONLY

100

If a plan name is preprinted in the question 1a answer box on the right, answer for the plan specified. Otherwise, complete this Plan Information Questionnaire for the plan with the largest (or next largest) enrollment of active employees.

1a. For 2000, what was the name of the health insurance plan with the largest (or next largest) enrollment of ACTIVE employees?

Examples:
- Blue Cross Blue Shield, High Option
- Company Plan A
- Aetna HMO

012 Name of plan

b. What was the name of the insurance company or carrier providing this plan?

Examples:
- Blue Cross Blue Shield
- Alliance
- Charter Health

If self insured, enter your company name.

102 Name of insurance carrier

2. Which type of health care provider was available through this plan?

Exclusive providers – Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.

Any providers – Enrollees may go to providers of their choice on a fee-for-service basis. The plan does not have any associated providers.

Mixture of preferred and any providers – Enrollees may go to a set of "preferred" providers associated with the plan or providers of their choice. If they go to a non-preferred provider, they usually face higher costs.

103
1 ☐ Exclusive providers
(Examples: Most HMO, IPA, and EPO-type plans)
2 ☐ Any providers
(Examples: Most conventional and indemnity plans)
3 ☐ Mixture of preferred and any providers
(Examples: Most PPO and POS-type plans)

3. Did this plan REQUIRE that the enrollee see a gatekeeper or primary-care physician in order to be referred to a specialist?

For plans with multiple options, answer for the "in-network" option.

104
1 ☐ Yes
2 ☐ No

4. Was this plan purchased through a pooling arrangement with other employers such as a multi-employer welfare arrangement (MEWA)?

112
1 ☐ Yes
2 ☐ No

GENERAL PLAN INFORMATION – Continued

5. Was this plan purchased from an insurance underwriter or was it self-insured?

Purchased from an insurance underwriter – (Fully-insured) Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.

Self-insured – Your organization assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

105
1 ☐ Purchased – ***SKIP to Page 3, Question 7***
2 ☐ Self-insured – *Continue with Question 6a*

SELF-INSURED PLAN INFORMATION

*Complete questions 6a–g if this plan was **self-insured.***

Estimates are acceptable.

6a. Was this plan self-administered or did your organization employ an insurance company or other administrator?

106
1 ☐ Self-administered
2 ☐ Insurance company or other administrator

b. Did your organization purchase stop-loss coverage?

107
1 ☐ Yes
2 ☐ No

c. What was the ANNUAL COST of this plan for the 2000 plan year for this establishment?

Include the following:
- *Claims paid*
- *Administrative costs*
- *The cost of stop-loss coverage (if any)*

108 $, , , .00
Annual plan cost

d. What percentage of the amount reported in 6c covered stop-loss coverage and administrative costs?

560 ____ %
Percentage paid for stop-loss coverage and administrative costs

e. What was the monthly premium equivalent for ONE TYPICAL employee with EMPLOYEE-ONLY coverage?

If the premium equivalent is not available, enter the COBRA amount.

109 $, .00
Employee-only premium equivalent

f. What was the monthly premium equivalent for ONE TYPICAL employee with FAMILY coverage?

If the premium equivalent is not available, enter the COBRA amount.

If premium varies by family size, report for a family of four.

110 $, .00
Family premium equivalent

g. Are the amounts reported in 6e and 6f premium equivalents or COBRA amounts?

Mark (X) only one.

111
1 ☐ Premium equivalents
2 ☐ COBRA amounts

Continue with Page 3, Question 7

PLAN AFFILIATION

7. Was this plan offered through a union or a trade association?

If this plan was offered through a union or trade association, please provide the information requested at the right. →

113 1 ☐ Union → 2 ☐ Trade association → 3 ☐ Neither – *Continue with Question 8a*

114 Name of union or trade association

115 Local number, if a union

116 Name of insurance representative

117 Address *(Number and street)*

118 City

119 State

120 ZIP Code

121 Telephone number

( )

ENROLLMENT

Estimates are acceptable for all enrollment figures.

8a. How many ACTIVE employees were ENROLLED in this plan at this establishment during a TYPICAL pay period in 2000?

Include full-time, part-time, temporary, and seasonal employees.

Exclude former employees, contract workers, and retirees.

125 ☐ **Active** employees **enrolled** in plan

b. How many of these ACTIVE employees were ENROLLED in EMPLOYEE-ONLY coverage during a typical pay period in 2000?

129 ☐ **Active** employees **enrolled** in **employee-only** coverage

c. Did your organization offer EMPLOYEE-PLUS-ONE coverage for this plan during 2000?

570 1 ☐ Yes – *Continue with Question 8d*

2 ☐ No – ***SKIP to Question 8e***

d. How many ACTIVE employees were ENROLLED in EMPLOYEE-PLUS-ONE coverage during a typical pay period in 2000?

571 ☐ **Active** employees **enrolled** in **employee-plus-one** coverage

e. How many FORMER employees were ENROLLED in this plan, excluding retirees, through COBRA or other state continuation-of-benefits laws during a typical pay period in 2000?

126 ☐ **Former** employees **enrolled** in plan, excluding retirees

EMPLOYEE-ONLY COVERAGE PREMIUMS

Report for TYPICAL situations and enrollees.

If premium varies, report for an average employee.

Report employer/employee contributions and total premium for the same period.

9a. Was EMPLOYEE-ONLY coverage offered under this plan?

552 1 ☐ Yes – *Continue with Question 9b*
2 ☐ No – ***SKIP to Question 10a***

b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with EMPLOYEE-ONLY coverage?

131 $, . 0 0 **Employer** contribution for **employee-only** premium

c. How much did this typical EMPLOYEE with EMPLOYEE-ONLY coverage contribute toward his/her own premium?

132 $, . 0 0 **Employee** contribution for **employee-only** premium

d. What was the TOTAL premium for this typical EMPLOYEE with EMPLOYEE-ONLY coverage?

130 $, . 0 0 **Total employee-only premium**

If this was a self-insured plan, this total should be the same as 6e on Page 2.

e. The amounts reported in questions 9b–d are based on which one of the following time periods?

Mark (X) only one.

133 1 ☐ Weekly
2 ☐ Every 2 weeks
3 ☐ Monthly
5 ☐ Quarterly
4 ☐ Yearly

FAMILY COVERAGE PREMIUMS

Report for TYPICAL situations and enrollees.

If premium varies, report for an average employee.

Report employer/employee contributions and total premium for the same period.

If premium varies by family size, report for a family of four.

10a. Was FAMILY coverage offered under this plan?

137 1 ☐ Yes – *Continue with Question 10b*
2 ☐ No – ***SKIP to Page 5, Question 11a***

b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with FAMILY coverage?

135 $, . 0 0 **Employer** contribution for **family** premium

c. How much did this typical EMPLOYEE with FAMILY coverage contribute toward his/her own premium?

136 $, . 0 0 **Employee** contribution for **family** premium

d. What was the total premium for this typical EMPLOYEE with FAMILY coverage?

134 $, . 0 0 **Total family premium**

If this was a self-insured plan, this total should be the same as 6f on Page 2.

e. The amounts reported in questions 10b–d are based on which one of the following time periods?

Mark (X) only one.

553 1 ☐ Weekly
2 ☐ Every 2 weeks
3 ☐ Monthly
5 ☐ Quarterly
4 ☐ Yearly

GENERAL PREMIUM INFORMATION

11a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?

Mark (X) all that apply.

138 ☐ Age
139 ☐ Sex (Gender)
140 ☐ Number of persons covered by a family plan
141 ☐ Wage or salary levels
142 ☐ Other – *Specify*
099
567 ☐ None of the above

b. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by different employee categories?

Examples: Full-time, part-time, union status, wage or salary levels

143 1 ☐ Yes
2 ☐ No

INDIVIDUAL DEDUCTIBLES

12a. Did this plan have a deductible?

Deductible – Predetermined amount which must be met by an individual before the plan will pay for covered services.

Many HMOs do not have a deductible.

151 1 ☐ Yes – *Continue with Question 12b*
2 ☐ No – ***SKIP to Page 6, Question 14a***

b. What was the annual deductible an individual paid?

Report deductibles for care received "in-network" from preferred providers (if applicable).

If separate deductibles apply, enter physician care and hospital care amounts in appropriate boxes.

If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 14b on Page 6.

146 $, . 0 0 Individual annual deductible

OR

Separate deductibles for:

147 $, . 0 0 Physician care

148 $, . 0 0 Hospital care

FAMILY DEDUCTIBLES

13a. Did this plan require that a specific number of family members must meet their individual deductibles before the family deductible was met?

224 1 ☐ Yes – *Continue with Question 13b*
2 ☐ No – ***SKIP to Question 13c***
3 ☐ Family coverage not offered – ***SKIP to Page 6, Question 14a***

b. How many family members were required to meet their individual deductibles before the family deductible was met?

Report for a family of four.

150 ☐ Number of family members

c. What was the total annual deductible a family paid?

Report for a family of four.

149 $, . 0 0 Total annual family deductible

PAYMENTS

14a. Was hospital care covered under this plan?

155 1 ☐ Yes – *Continue with Question 14b*
2 ☐ No – ***SKIP to Question 14c***

b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital stay after any annual deductible was met?

Some plans may have both a dollar amount and a percentage copayment.

Out-of-pocket expense – Those costs paid directly by the enrollee.

Report for precertified hospital stays (if applicable).

Report the copayment for a stay at an "in-network"/ participating hospital (if applicable).

Do not include any physician charges incurred during the hospital stay.

152 $, . 0 0 Amount paid by enrollee for hospital stay

154 1 ☐ Per day
2 ☐ Per stay

AND/OR

153 % Paid by enrollee

c. Was physician care covered under this plan?

218 1 ☐ Yes – *Continue with Question 14d*
2 ☐ No – ***SKIP to Question 15a***

d. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an office visit after any annual deductible was met?

Some plans may have both a dollar amount and a percentage copayment.

Out-of-pocket expense – Those costs paid directly by the enrollee.

Report the copayment for an "in-network"/participating general practitioner during normal office hours.

156 $. 0 0 Amount paid by enrollee for office visit

AND/OR

157 % Paid by enrollee

Include all copayments and deductibles.

15a. What was the maximum annual out-of-pocket expense for an individual?

Out-of-pocket expense – Those costs paid directly by the enrollee.

This is often referred to as a catastrophic limit.

161 $, . 0 0

OR

163 ☐ No individual maximum

b. What was the maximum annual out-of-pocket expense for a family of four?

162 $, . 0 0

OR

222 ☐ No family maximum

16a. What was the maximum amount this plan would have paid for an enrollee over his/her lifetime?

159 $, , . 0 0

OR

158 ☐ No lifetime maximum

b. What was the maximum amount this plan would have paid for an enrollee in one year?

160 $, , . 0 0

OR

221 ☐ No annual maximum

PLAN CHARACTERISTICS

17a. **Could this plan have refused to cover persons with pre-existing medical or health conditions?**

183
1 ☐ Yes – *Continue with Question 17b*
2 ☐ No – ***SKIP to Question 18***

b. **Did this happen in 2000?**

184
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

18. **Did this plan have a policy requiring a waiting period before covering pre-existing conditions?**

185
1 ☐ Yes
2 ☐ No

19. **Which of the services listed were covered by this plan?**

		Yes (1)	No (2)	Don't know (3)
164	Routine mammograms	☐	☐	☐
585	Adult preventive care (office visits and tests)	☐	☐	☐
586	Child preventive care (office visits and tests)	☐	☐	☐
173	Chiropractic care	☐	☐	☐
175	Outpatient prescriptions	☐	☐	☐
587	Routine vision care	☐	☐	☐
176	Routine dental care	☐	☐	☐
177	Orthodontic care	☐	☐	☐
180	Inpatient mental illness	☐	☐	☐
181	Outpatient mental illness	☐	☐	☐
182	Alcohol/substance abuse treatment	☐	☐	☐

****** PLEASE NOTE ******

If your organization offered only one health insurance plan, please end the form.

If your organization offered more than one health insurance plan, please complete a General Plan Information Questionnaire for each plan that was offered, up to four plans.